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Corrigendum: Case Series: Maraviroc and pravastatin as a therapeutic option to treat long COVID/Post-acute sequelae of COVID (PASC)

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KEYWORDS

long COVID, maraviroc, CCR5 antagonist, PASC, statins, fractalkine (CX3CR1)

A corrigendum on

[Case Series: Maraviroc and pravastatin as a therapeutic option to treat long COVID/Post-acute sequelae of COVID \(PASC\)](#)

by Patterson, B. K., Yogendra, R., Guevara-Coto, J., Mora-Rodriguez, R. A., Osgood, E., Bream, J., Parikh, P., Kreimer, M., Jeffers, D., Rutland, C., Kaplan, G., and Zgoda, M. (2023). *Front. Med.* 10:1122529. doi: 10.3389/fmed.2023.1122529

In the published article there was an error in the Methodology section.

The sentence previously said:

“The records and immunological lab reports from 18 adult PASC patients treated with maraviroc 300 mg per oral twice daily and pravastatin 10 mg per oral daily from our virtual medical clinic were collected and analyzed.

The 18 participants selected for this case series were from a pool of patients who reported symptom improvement while on maraviroc and pravastatin and who fit the inclusion and exclusion criteria we set below.”

The corrected sentence appears below:

“The medical records and immunological lab reports from 18 adult PASC patients treated with maraviroc 300 mg per oral twice daily and pravastatin 10 mg per oral daily by independent private practice physicians and clinics were collected and analyzed. The CCTC is a virtual consultation group that works in collaboration with these physicians

to collect and analyze immunological data. The 18 patients selected for this case series were from a pool of patients who reported symptom improvement while on maraviroc and pravastatin and who fit the inclusion and exclusion criteria we set below:

5 patients were previously treated with ivermectin, 2 with fluvoxamine, and 1 with prednisone.”

In the original manuscript there was an error in the Results section, the Y axis in [Figures 2, 3](#) lacked metric units and the data plots were too clustered for visibility.

In [Figure 2](#), we created absolute difference for before and after cytokine measurements for each of the 14 cytokines since the original graph was too clustered and hard to interpret. In the corrected version, we also added the y-axis legend (in pg/ml) for clarity.

In [Figure 3](#), we added box plots and added the y-axis legend for clarity. The following revised Figures are below. We renamed the Y-axis to “Subjective Score Values” and the X-axis to “Subjective Scores.”

In the published article, there was an error in the Ethics statement. The sentence previously stated:

“The studies involving human participants were reviewed and approved by CCTC Ethics and IRB Committee. The patients/participants provided their written informed consent to participate in this study.”

The corrected sentence appears below:

Ethics statement

The studies involving human participants were reviewed and approved by the CCTC IRB committee. The CCTC IRB is financially and operationally independent of the CCTC. No one from this IRB has any financial or research stake in IncellDX or CCTC. This IRB was chosen for cost reasons as this study was self-funded with limited resources. The study protocol was approved by this IRB because it was only designed to collect and analyze patient data from independent physician practices who were responsible for prescribing and monitoring the medications. The CCTC did not and does not prescribe or monitor any medications and has been set up only as a data analytics practice.

In the published article, there was an error in the Funding statement. We did not state that there was no funding received for the study. The correct Funding statement appears below.

Funding

The author(s) declare that no financial support was received for the research, authorship, and/or publication of this article.

In the published article, there was an error in the Conflict of interest. The original conflict of interest statement said:

IncellDX holds the patent for the use of CCR5 antagonists (maraviroc) in COVID and long COVID. was employed by IncellDX Inc. BP, RY, PP, JB, EO, DJ, CR, and MK were independent contractors of the CCTC.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

The corrected sentence appears below:

Conflict of interest

IncellDX holds the patent for the use of CCR5 antagonists (maraviroc) in COVID and long COVID. BP and the founder and CEO of IncellDX and a physician partner of the Chronic COVID Treatment Center (CCTC). The CCTC is a data analytics consulting physician practice that is financially independent from IncellDX. Except for BP, no one from the CCTC has received nor holds any financial or equity compensation from IncellDX. The CCTC IRB is financially independent of IncellDX and CCTC and no one from the IRB has received any financial or equity compensation from IncellDX or CCTC.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

The authors apologize for these errors and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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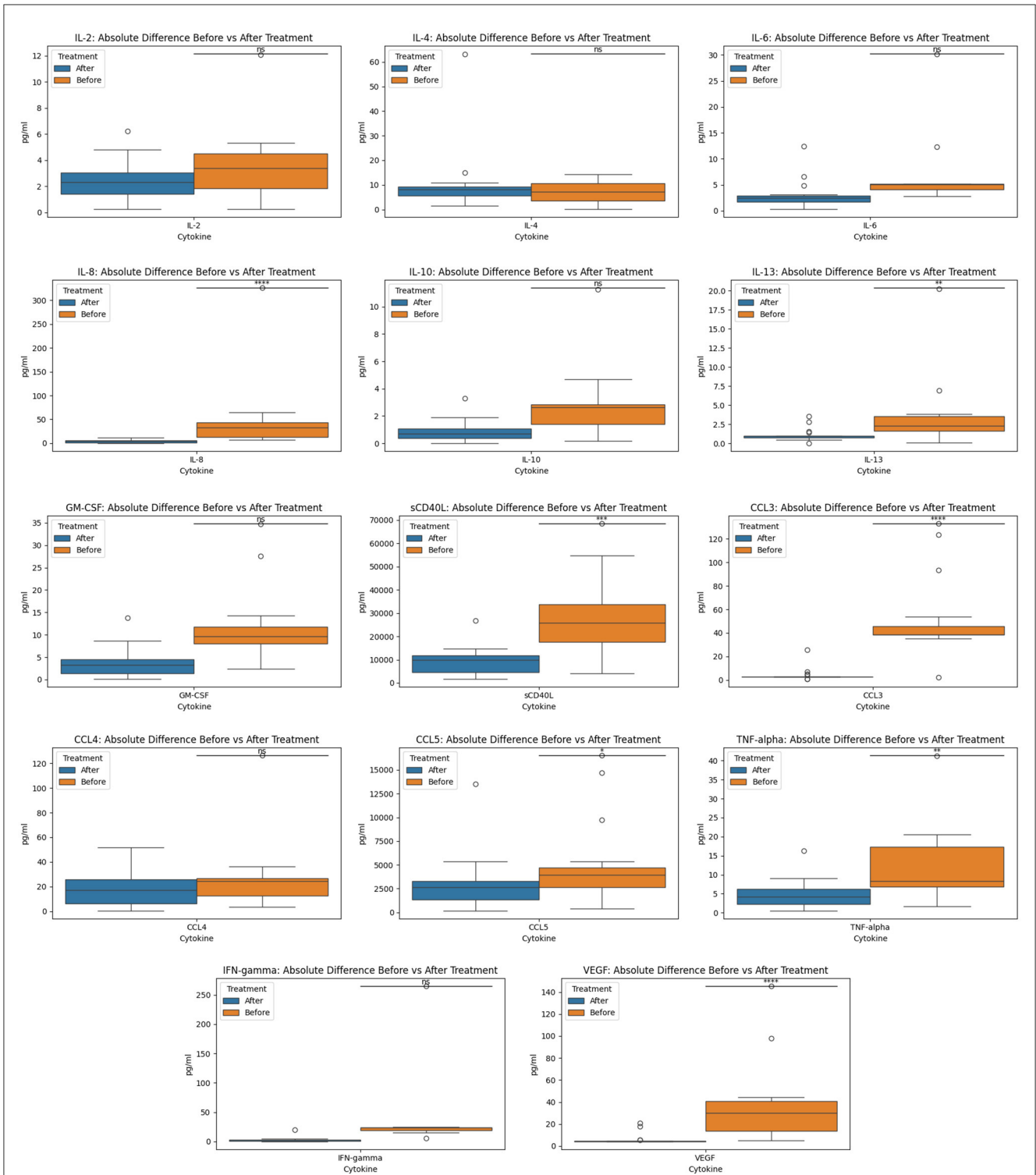


FIGURE 2 Before and after treatment individual cytokine measurement comparisons. The box plot represent the statistical comparison using the Wilcoxon paired test between the two treatment groups (before and after).

